

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068731

1. Entity Name:
U-TRAVEL INTERNATIONAL CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -8 AM 11:34

Principal Place of Business
5870 S.W. 8TH STREET
SUITE 7
MIAMI FL 33144

Mailing Address
PO BOX 111291
HIALEAH FL 33011



2. Principal Place of Business

5870 sw 8 st

Suite, Apt. #, etc.

7

City & State

MIAMI, FL 33144
Zip 33144 Country USA

3. Mailing Address

PO BOX 111291

Suite, Apt. #, etc.

City & State

HIALEAH, FL

Zip 33144 Country USA

4. FEI Number 65-1122472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, EMIGDIO F
5870 S.W. 8TH STREET
SUITE 7
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME QUERIS, GUILLERMO J
STREET ADDRESS 6464 WEST 13 AVENUE
CITY-ST-ZIP HIALEAH FL 33012

TITLE PVD ☒ Delete
NAME GOMEZ, EMIGDIO F
STREET ADDRESS 5870 S.W. 8TH STREET - SUITE 7
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☐ Delete
NAME QUERIS, GUILLERMO J
STREET ADDRESS 6464 WEST 13 AVE
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000016128450
CITY-ST-ZIP 04/17/03--01006--005 **150.00

TITLE VD ☒ Change ☐ Addition
NAME GOMEZ, EMIGDIO F
STREET ADDRESS 5870 sw 8 st suite 7
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME ORTEGA ACOSTA, CYNARA
STREET ADDRESS 5870 sw 8 st, suite 7
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

04-07-03 786-488 3994

CR2E034 (10/02)

0635607 AT